

SOUTH BEND LOCAL GOVERNMENT ACADEMY

Application for Enrollment

Last Name		First Name		Middle Initial	
ADDRESS	Number	Street	City	State	Zip
Orga	nization (if applicable)				
felephone Num	er (Home/Work)	(PL	E-mail address EASE PRINT CLEAI	RLY)	
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ne City.	Plo	asa indicata yau	r areas of interes	t (check all that apply)	
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For more Information, please call; 235-9261

City Attorney's Office 1400 County-City Building South Bend, IN 46601

Please send form to: